

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA
HAMMOND DIVISION

LYNN SERLES,
PLAINTIFF,

VS.

CHASE RECEIVABLES, INC. AND
TERRENCE PAFF,
DEFENDANTS.

CASE NO. 2 08 CV 219

SUMMONS IN A CIVIL CASE

To: TERRENCE PAFF
951 California Blvd.
Napa, CA 94559

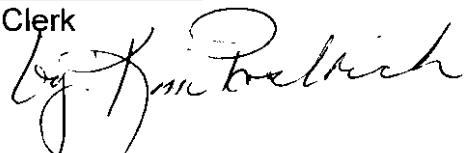
YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S COUNSEL:

Michael McIlree
Attorney at Law
821 E. Lincolnway, Ste. 1
Valparaiso, Indiana 46383
Telephone: (219) 548-1800

an Answer to the Complaint which is herewith served upon you, within twenty-three (23) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court, 5400 Federal Plaza, Hammond, IN 46320, within a reasonable period of time after service.

Stephen R. Ludwig, Clerk

Clerk



Date

8/4/08

Proof of Service

I declare under penalty of perjury that I served the summons and complaint in this case on October 14, 2008 by:

(1) personally delivering a copy of each to the individual at this place, _____; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with _____ who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is _____; or

(4) returning the summons unexecuted to the court clerk on _____; or

(5) other (specify, i.e. certified mail) DEPENDANT, TERRENCE PAFF, WAS SERVED VIA CERTIFIED MAIL ON 10-14-08 UNDER article 10. 7008-1830-0002-3123- (A copy of the return receipt is attached.) 3186

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

Date: 10-22-08

Michael P. McIlree
Server's signature
Michael P. McIlree, Attorney
Printed name and title

821 E. Lincolnway Ste. 1, Ukiah, CA
Server's address
95521
46383

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p>	
<p>1. Article Addressed to:</p> <p>TERRENCE PAFF</p> <p>1247 Broadway</p> <p>Sonoma, CA 95476</p>		<p>C. Date of Delivery</p> <p>10/14</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7008 1830 0002 3123 3186</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	